

## Workshop Schedule

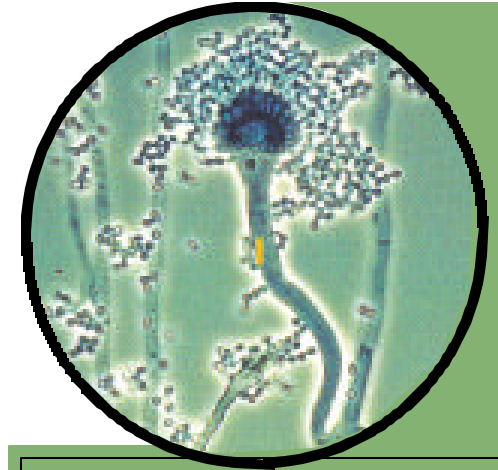
### August 14, 2003

- 8:00 Registration
- 9:00 Introduction
- 10:00 Break
- 10:30 Making fungal identification cost-effective and relevant to patient care
- 12:00 Lunch
- 1:00 The role of serologic testing: a clinician's perspective
- 2:00 The evolving role of molecular diagnostics: a microbiologist's perspective
- 3:00 Break
- 3:30 Fungal strain typing: where do we stand?
- 4:30 Adjourn

### August 15, 2003

- 8:00 What is the current role of antifungal susceptibility testing?
- 9:30 Break
- 10:00 Proficiency testing and quality control
- 11:00 Working safely with pathogenic fungi
- 12:00 Review and evaluation
- 12:30 Adjourn

NLTN—Nashville Office  
P.O. Box 160385  
Nashville, TN 37216-0385



## Laboratory Mycology

*Quality,  
Cost-Effectiveness,  
and Clinical  
Relevance*

August 14-15, 2003  
Atlanta, GA

Sponsors:

Mycotic Diseases  
Branch  
Centers for Disease  
Control  
and Prevention  
&  
National Laboratory  
Training Network  
Nashville Office

Hosted by:  
Emory University  
Rollins School of  
Public Health

*An Advanced  
Seminar!*

## Who Should Attend

There is an increasing need for microbiologists and infectious disease professionals to make the most effective use of limited laboratory resources to diagnose and manage patients with fungal diseases. This course will provide guidance in the selection, performance, and interpretation of a wide range of established and emerging laboratory procedures. Among the issues that will be addressed:

- When should mold isolates from sterile sites be identified to the species level?
- When is molecular strain typing of fungal isolates justified?
- Which serologic tests can be relied upon to give an unequivocal diagnosis of fungal infection?
- When can antifungal susceptibility tests predict the clinical outcome of infection?

This course will focus on the *when* and the *why* of diagnostic procedures, as well as the *how*. It is intended for clinical laboratory microbiologists, medical technologists, infectious disease physicians, and others who are called upon to supervise and/or perform tests for the diagnosis and management of fungal diseases.

## Continuing Education Credit

Continuing education credit will be offered, based upon 9.5 hours of instruction.

## For Additional Information

Contact the National Laboratory Training Network at: 615-262-6315 or 800-536-NLTN (SE Only) or e-mail us at: [seoffice@nltn.org](mailto:seoffice@nltn.org)



The NLTN is a training system sponsored by the Association of Public Health Laboratories (APHL) and the Centers for Disease Control and Prevention (CDC).

## Objectives

Upon completion of the workshop, participants will be able to:

- Select rational tests for isolation and identification of superficial and systemic fungal pathogens.
- Discuss the current role and limitations of serologic tests and molecular diagnostics in the detection of systemic fungal infections.
- Identify the role of molecular strain typing in investigation of nosocomial clusters of fungal infection.
- Describe the clinical relevance of antifungal drug susceptibility testing.
- Discuss the role of proficiency testing and quality control in the clinical mycology laboratory.

## Faculty

**Beth A. Arthington-Skaggs**, Ph.D., Chief, Antifungal Drugs Unit, Mycotic Diseases Branch, Centers for Disease Control and Prevention, Atlanta, GA

**Mary E. Brandt**, Ph.D., Chief, Fungus Reference Unit, Mycotic Diseases Branch, Centers for Disease Control and Prevention, Atlanta, GA

**G. Marshall Lyon**, M.D., Assistant Professor of Infectious Diseases, Emory University School of Medicine, Atlanta, GA

**Christine J. Morrison**, Ph.D., Chief, Diagnostics Development Unit, Mycotic Diseases Branch, Centers for Disease Control and Prevention, Atlanta, GA

**Glenn D. Roberts**, Ph.D., Director, Clinical Mycology and Mycobacteriology Laboratories, Mayo Clinic, Rochester, MN

**David W. Warnock**, Ph.D., Chief, Mycotic Diseases Branch, Centers for Disease Control and Prevention, Atlanta, GA

## Location

Rita Ann Rollins Room, 8th Floor, Rollins School of Public Health, Emory University, 1518 Clifton Road, N.E., Atlanta, GA.

## Accommodations

A block of rooms has been reserved for program participants. Reservations must be made by July 13, 2003 to get the special meeting rate of \$99.00 plus tax per night. This rate is for either a single or a double room. Make your reservation directly at: Emory Inn  
1641 Clifton Road  
Atlanta, GA 30329  
Phone: 404-712-6000 or 800-933-6679  
Mention the "NLTN Conference" when making your reservation.

## Registration

Registration prior to July 15, 2003: \$135.00  
Registration on or after July 15, 2003: \$150.00  
Registration Deadline: August 1, 2003.

Refund Policy: Cancellations prior to the registration deadline will be refunded minus a \$15.00 processing fee. Cancellations after the deadline date will not be refunded. Registrations which can not be accepted due to over enrollment will be refunded in full.

You may register for the course one of two ways:

- By mail - complete the form and mail it with your check, payable to APHL, to:  
NLTN-Nashville Office  
P.O. Box 160385  
Nashville, TN 37216
- By fax - complete the form - be sure to include your credit card information and fax it to: 615-262-6441.

**Laboratory Mycology**  
Quality, Cost-Effectiveness, and Clinical Relevance

Form Approved  
OMB No. 0920-0017  
Exp. Date 4/30/2003

Please type or print.

(Dr., Mr., Mrs., Ms., or Miss)	(First)	(M.I.)	(Last)
Social Security Number		We also need to know your Social Security Number. This number is voluntary and collected under the Public Health Service Act.	
Position Title		E-mail Address	
Employer's Name			Employer's Phone Number
Employer's Address			Employer's Fax Number
City		State	Zip
Course Number and Date	Laboratory Mycology: Quality, Cost-Effectiveness, and Clinical Relevance (SE2404) August 14-15, 2003		
Signature of Applicant			Date

**EDUCATION LEVEL**  
(Circle Highest Level Attained.)

01 Some High School  
02 High School Graduate  
03 Some College  
04 Associate Degree  
05 Bachelor Degree  
06 Masters Degree  
07 Doctoral Degree-MD  
08 Doctoral Degree-Other than MD  
09 Technical/Hospital School  
10 Other

**OCCUPATION**  
(Circle one number.)

01 Physician  
02 Veterinarian  
04 Laboratorian  
05 Nursing  
06 Sanitarian  
07 Industrial Hygienist  
08 Administration  
09 Water Treatment Operator  
11 Safety Professional

**TYPE OF EMPLOYER**  
Please review all categories before circling appropriate one.  
(Circle one number.)

01 State and Territorial Health Department  
02 Other State & Territory Employer  
03 Local, City or County Health Dept.  
04 Other Local Government Employer  
05 CDC  
06 Other CDC Employer  
09 U.S. Food & Drug Administration  
11 U.S. Department of Defense  
12 Veterans Administration Hospital  
15 Other Federal Government Employer  
16 Foreign Employer  
17 Private/Community Hospital  
19 College/University  
21 Private Industry  
23 Private Clinical Laboratory  
24 Physician Office Lab/Group Practice  
25 Hospital-State Funded  
26 Hospital-City/County Funded  
28 Health Maintenance Organization

**THE FOLLOWING PRIVACY ACT STATEMENT IS APPLICABLE TO ALL INCLUDED FORMS NEEDING SOCIAL SECURITY NUMBER**

The information requested on this form is collected under the authority of 42 U.S.C. 243. The requested information is used only to process and evaluate your application for training and may be disclosed (for verification purposes) to your employer, group leader, educational institution, etc. as necessary. An accounting of such disclosures will be furnished to you upon request. Furnishing the information requested on this form, including your Social security number (SSN), is voluntary. However, no applicant may receive Continuing Education Unit or Continuing Medical Education Unit credit unless a completed application form is received. The SSN is used for identity verification purposes and prevents the assignment of more than one identifying number to the same individual. If you do not wish to submit a SSN, CDC will assign a unique identifier.

Public Reporting burden for this information is estimated to average 5 minutes per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC-ASTDR Reports Clearance Officer, 1600 Clifton Road, N.E., MSD-24, Atlanta, Georgia 30333; Attn: PRA (0920-0017).

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- ☐ Enclosed is my check or money order, payable to APHL.
- ☐ Enclosed is a Purchase Order, please bill me.
- ☐ Bill my Credit Card. (Circle one.)  
VISA                      Master Card  
American Express

Submit your registration form to:  
NLTN-Nashville Office  
P.O. Box 160385  
Nashville, TN 37216

Or by fax to: 615-262-6441.

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Card Holder's Name
Card Number
Expiration Date
Signature
Date
Amount of Payment

## Special Needs

In compliance with the Americans with Disabilities Act, individuals needing special accommodations should notify the NLTN—Nashville office at least two weeks prior to the workshop by calling 615-262-6315.